

MDR Tracking Number: M5-05-1364-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 01-11-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic procedures, neuromuscular re-education movement were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 01-13-04 to 03-18-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 18th day of February 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 11, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-1364-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Letter from the treating provider's office stating excerpts of other doctor's opinions
- Various doctor reports
- EMG/NCV testing results
- Evaluations from Orthopedic Associates of Corpus Christi
- RME report
- Daily treatment notes
- Physical performance evaluation

Submitted by Respondent:

- Peer review
- Daily notes
- MRI report
- RME report
- Final RME report
- Range of motion studies

Clinical History

According to the supplied documentation, it appears the claimant sustained an injury on ____ while he was lifting totes that weighed approximately 25-35 pounds. The claimant reported low back pain radiating into the buttocks and left lower extremity. The claimant was initially seen at Concentra Medical Center, was diagnosed with a lumbar sprain and was given Celebrex. Shortly after that it appears the claimant changed treating doctors to Jody Tomlinson, D.C. An MRI to the lumbar spine was performed on 11/4/03 that revealed an L5/S1 left posterolateral herniated nucleus pulposus with extrusion. It appears the claimant was undergoing active and passive therapies under the supervision of his treating chiropractor. It appears the claimant was undergoing an active exercise program that continued into 2004 which included the dates of

service in question. The claimant's treatment, documentation and reports continue after the dates of service in question occurred.

Requested Service(s)

99213 office visit, 97110 therapeutic procedure, 97112 neuromuscular re-education movement for dates of service 1/13/04 to 3/18/04

Decision

I agree with the carrier and find that the services in dispute were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation and the table of charts, the first date of service in dispute was on 1/13/04 which is over 12 weeks post injury. At that time it would appear the claimant had undergone an adequate amount of active and passive chiropractic therapies in order to reduce the claimant's symptoms which are considered reasonable and medically necessary. According to the Official Disability Guidelines (page 1140) chiropractic guidelines support, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, avoid chronicity. The claimant had obviously had and exceeded this level of chiropractic care prior to the first date of service in dispute. At that time it would be reasonable and necessary for proper referrals for other treatment options since the initial chiropractic protocol had failed. The extensive use of therapeutic exercises and neuromuscular re-education billed at 8 units per day along with an office visit are not seen as reasonable or medically necessary and were not objectively supported by the documentation that was supplied.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 11th day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder